ZCU5-003

LOUISIANA BOARD OF ETHICS

DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)

2050022

| STATE OF LOUISIANA | | |
|---|---|--------------|
| PARISH OF CADDO | | |
| | | |
| I, Robert T. Green, Jr. , residing at | Monterey Hills Apartments 130 Williamson Way - Apt. 111 Vivian, LA 71082 | |
| (Name) | (Mailing Address, including City & Zip Code) | _ |
| do declare that : | | |
| no deciare mat : | | |
| | 1. | |
| That this disclosure statement is made pursuan on January 1^a , 2005 . | nt to LSA-R.S. 42:1119B(2)(b) for the year beginning | Ţ |
| (Year) | | |
| • | 2, | |
| | · | |
| That I am a Chief Executive / Board | Member / Commissioner (circle one) of the |) |
| NORTH CADDO (Name) | Hospital Service District / Public Trust Authority | |
| and have served in this capacity sinceSer | otember 61 2001 | |
| | (Month) (Day) (Year) | |
| | 3. | |
| his spouse, and the parents of his spouse, is e Public Trust Authority. The facts of such em | by LSA-R.S. 42:1102(13) as his children, the sponses of his sisters, his parents, imployed by the described Hospital Service Distret / ployment are as follows: | 1144 |
| Name of Immediate Family Member: | JOHNNIA Pave"Martin | • |
| Actation of animediate Family Memb | tr <u>Sister</u> | |
| Position: Environmental Serv | des Tech. | |
| Date employed (month, day, year):a Applicable Exception (check all that | august 28, 1991 | |
| v Employed by Hospital | Service District / Public Trust Authority for more than | |
| one year prior to filer | becoming the chief executive or a board member or | 1 |
| commissioner of the H | Inspital Service District / Public Trust Authority | |
| Serving in public emplo date of the Code of Go | oyment continuously since April 1, 1980, the effective overumental Ethics | : |
| Hospital Service Distri 100,000 or less and the or registered nurse. | et / Public Trust Authority has a district population of e family member is employed as a licensed physician | F 1 |
| - Charles | 22/ | |
| Signature, Chie | ef Executive, Hospital Board Member or Commissio | ner |

NOTE: These disclosure statements are due by **January 30th** of each year that you have an immediate family member employed by the hospital service district or hospital public trust authority. This Disclosure Statement must be filed even if you filed one last year or at any other time during the year and the information you disclosed has not changed.

If a hospital service district or public trust authority board member or if a chief executive does not have any immediate family members employed by the hospital, then he is not required to file a disclosure statement.

Failure to timely submit a required disclosure statement will result in the imposition of an automatic late fee of \$50.00 per day, with a maximum penalty of \$1,500. IT IS THE RESPONSIBILITY OF EACH HOSPITAL SERVICE DISTRICT OR HOSPITAL PUBLIC TRUST AUTHORITY BOARD MEMBER OR CHIEF EXECUTIVE WHO HAS AN IMMEDIATE FAMILY MEMBER EMPLOYED TO SEE THAT THESE STATEMENTS ARE TIMELY FILED.